Combat Operational Stress Control (COSC): An Integral Part of Force Health Protection

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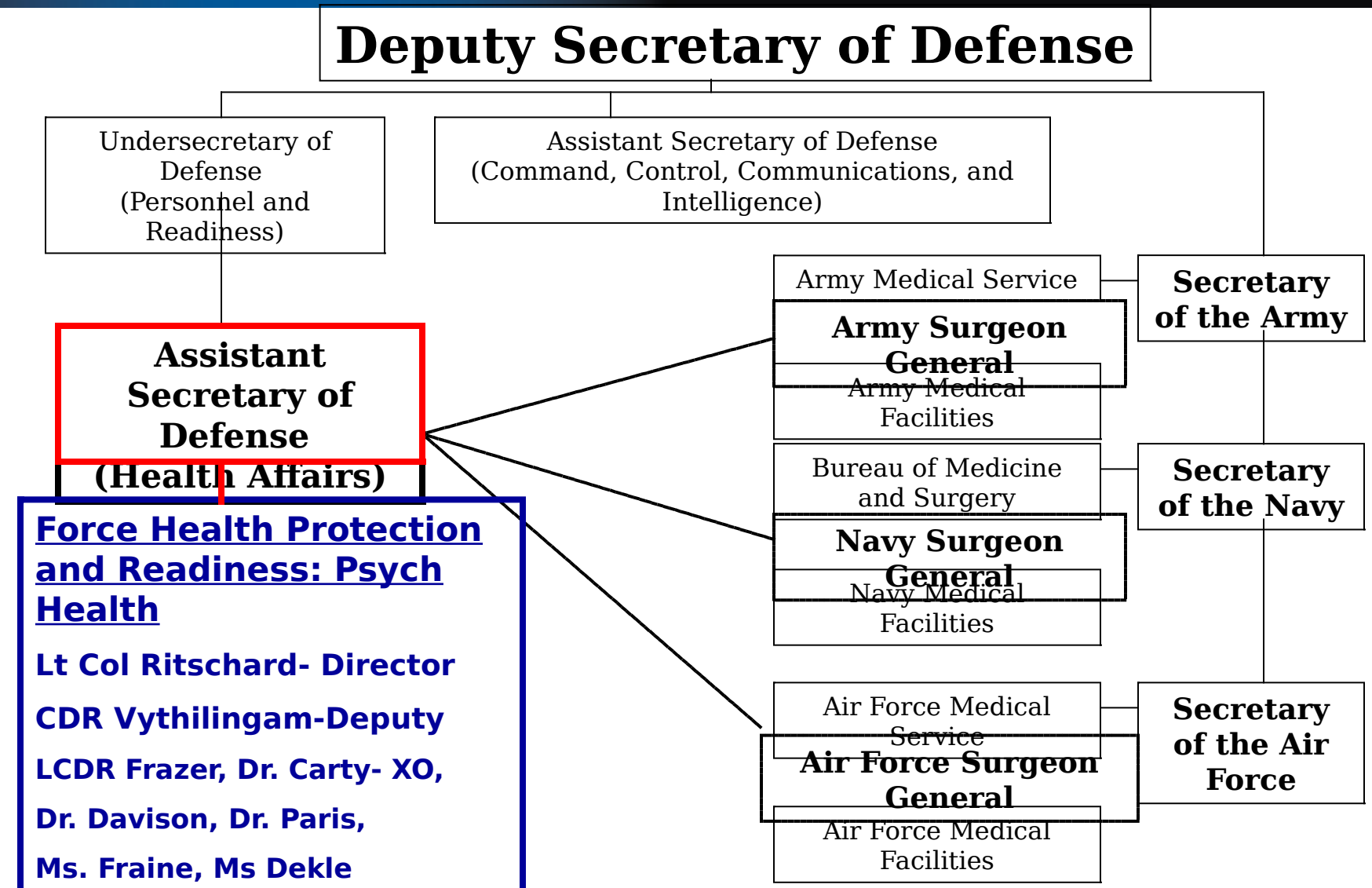
Force Health Protection and Readiness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Assistant Secretary of Defense (Command, Control, Communications, and Intelligence)
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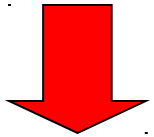
Psychological Health Strategic Ops

Improve – Protect – Conserve

Health & Resilience of Service members



Optimal mission performance

COSC and Force Health Protection

Joint Force Health Protection Strategy
2007

COSC Alphabet Soup Explosio

6 Rs: **R**eassure, **R**est, **R**eplenish, **R**estore confidence **R**eturn to duty, **R**emin

4 Cs: **C**heck, **C**ontrol, **C**onnect, **C**onfidence

3 Cs: **C**ommitment, **C**ontrol, **C**hallenge

7 Cs: **C**heck, **C**oordinate, **C**over, **C**alm, **C**onnect, **C**ompetence, **C**onfide

PIES: **P**roximity, **I**mmediacy, **E**xpectation, **S**implicity

Strengthen, **M**itigate, **I**dentify, **T**reat, **R**eintegrate

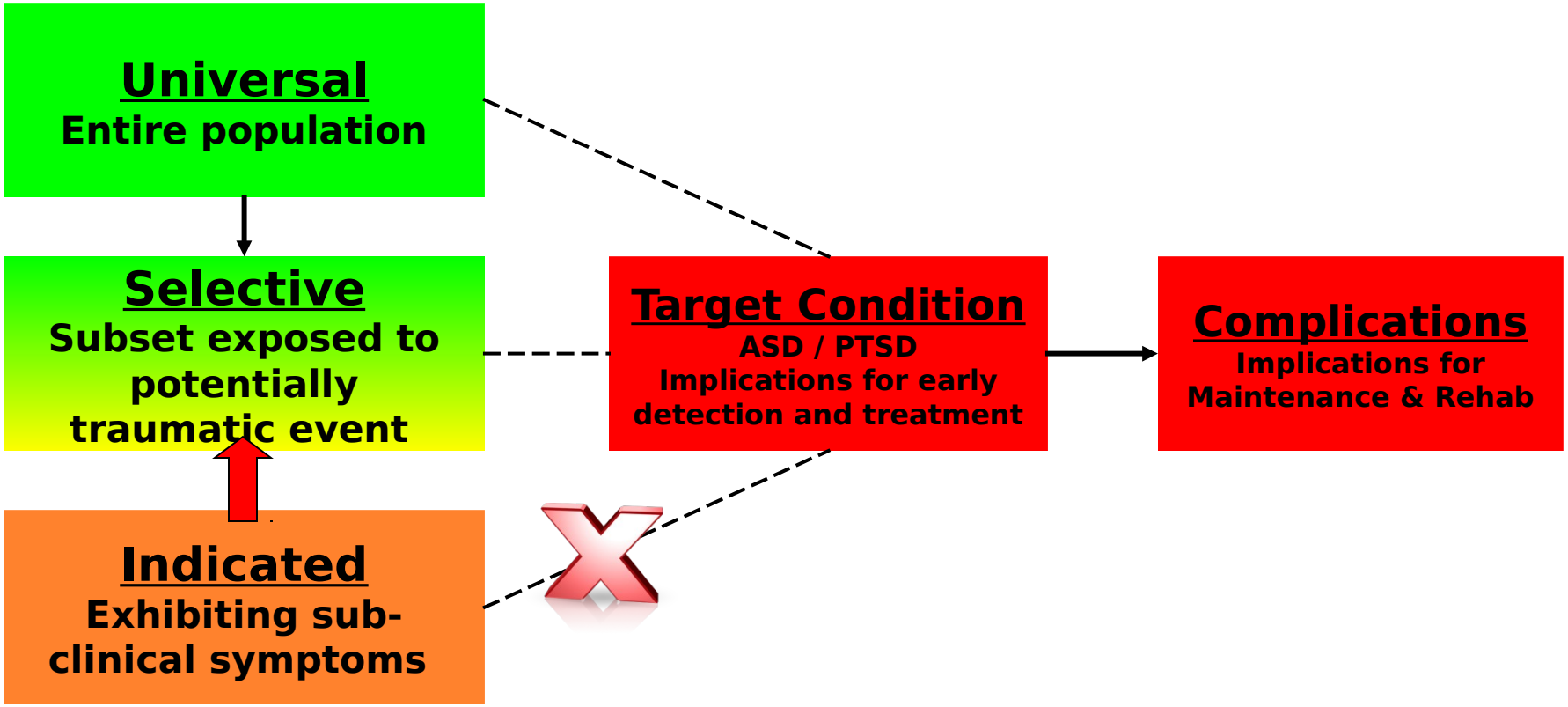
BICEPS: **B**revity, **I**mmediacy, **C**ontact/**C**entrality, **E**xpectancy,**P**roximity,**S**imp

PREVENT: **P**rivacy, **R**elaxation, **E**ncourage, **V**ideo Games, **E**ducate, **N**ormal duties, **T**hree hots and a cot

BATTLEMIND: Buddies (cohesion), Accountability, Targeted aggression, Tactical awareness, Lethally ar security, Individual responsibility, Nondefensive (combat) driving, Discipline and ordering

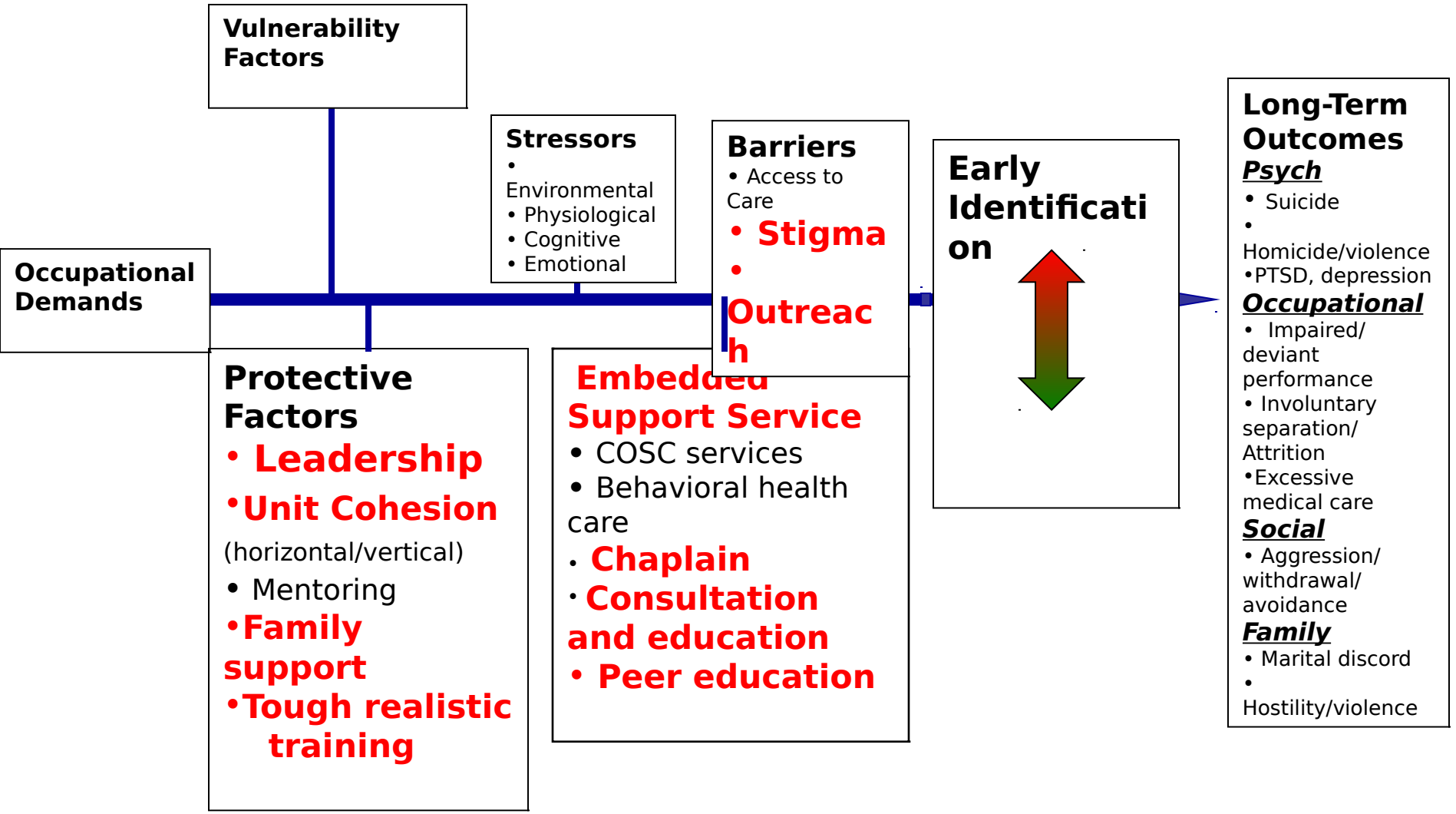
3 Cs: **C**ombat readiness, **C**ombat response, **C**ombat responsib

Making Sense of the Alphabet Soup:



	Universal	Selective	Indicated	Reintegration
Army	•**CSF** (Institutional Resilience Training (IRT) and surveillance through the GAT**)**	•**Leader lead AAR** •**TEM** • **Event/Time BPD's**	•**BICEPS** •**6 Rs**	•**Deployment Cycle Support** •**Op. Resilience Training** • **Warrior Adventure Quest**
Navy	•**Strengthen** (unit cohesion, leadership, tough realistic training)	•**AAR** •**Mitigate** • **Identify** • **Detainee ops**	• **COSFA**	•**Reintegrate**
Marine Corp	•**Strengthen** (unit cohesion, leadership, tough realistic training) •**Warrior Preparation Program; IIT**	•**AAR (without outsiders)** •**Mitigate** • **Identify**	• **COSFA**	• **Post treatment:** Confidence, Connection, Competence • **Post deployment:Warrior transition Program 1, and 2**

Services Agreement: Force Preservation



COSC – Service Differences & Challenges

- **Service practices**
  - **Which program “measured results?”**
- **Universal prevention**
  - **Is there a bullet proof vest for the mind and soul?**
  - **Positive Psychology vs.. Strengthening / education**
- **Selective prevention**
  - **Better predictors, e.g. pulse and better treatments**
- **Indicated prevention**
  - **COSFA vs.. BICEPS**
- **Reintegration**
  - **Cyprus vs.. Battlemind**

Do We Really Need a DoD COSC Policy?

- **Most effective, affordable approach to keep the Service member in the fight or reintegrate**
  - **Complex, continuing, urgent problem**
  - **Multiple Service programs and evaluations rolled out**
  - **Limited published evidence of what works**
  - **Solving complex problems need innovative solutions**

- **Joint Service COSC Program**
  - **Service COSC reps will meet to share data, practices, and coordinate COSC programs**
  - **Sharing program evaluation results is key**
    - **e.g. OSCAR**
  - **Impartial facilitator**

Do We Really Need a DoD COSC Policy? Contd..

- **Program evaluation, common metrics**
- **Focus on end-state goals**
- **Update COSC DoDI**
  - **DoD COSC Directive- 1999**
    - **Outdated - Explosion of new programs and research since**
    - **Need for coordination among Service COSC efforts**

THANK YOU!

Ensure future fighting force benefits from lessons learned

Back up slides:

Learning From Others- TRIM Model

Social Support and Cohesiveness

0 hrs

Site Management Strategies

0-24 hrs

Planning Phase

- Planning Meeting
- Identification of groups and individuals (Targeting)
- Formulating the management strategy

72 hrs onwards

Assessment of Risk (BDA model)

- Individual – (Group intervention ruled out)
- Small Group (<8) (Natural grouping or localized incident)
- Briefing Meeting – (Soon after the event when troops are accessible)

Support and Monitoring

- Support by Trained Stress Responders
- Monitoring and Management by Commanders and Buddies
- Briefing meeting – (Soon after the event when troops are accessible)

Early Referral for Specialist Help if Required

One Month Follow-Up and Referred for Specialist Help if Required

Support and Monitoring

Education

TRIM Risk Factors for Psychological Disorders

1. Perceives that they were out of control during the event
2. Perceives that their life was threatened during the event
3. Blames others for what happened
4. Reports shame/guilt about their behaviour during the event
5. Experienced acute stress following the event
6. Been exposed to substantial stress since the event
7. Had problems with day to day activities since the event
8. Been involved in previous traumatic events
9. Poor social support, (family, friends, unit support)
10. Drinking alcohol excessively to cope with distress

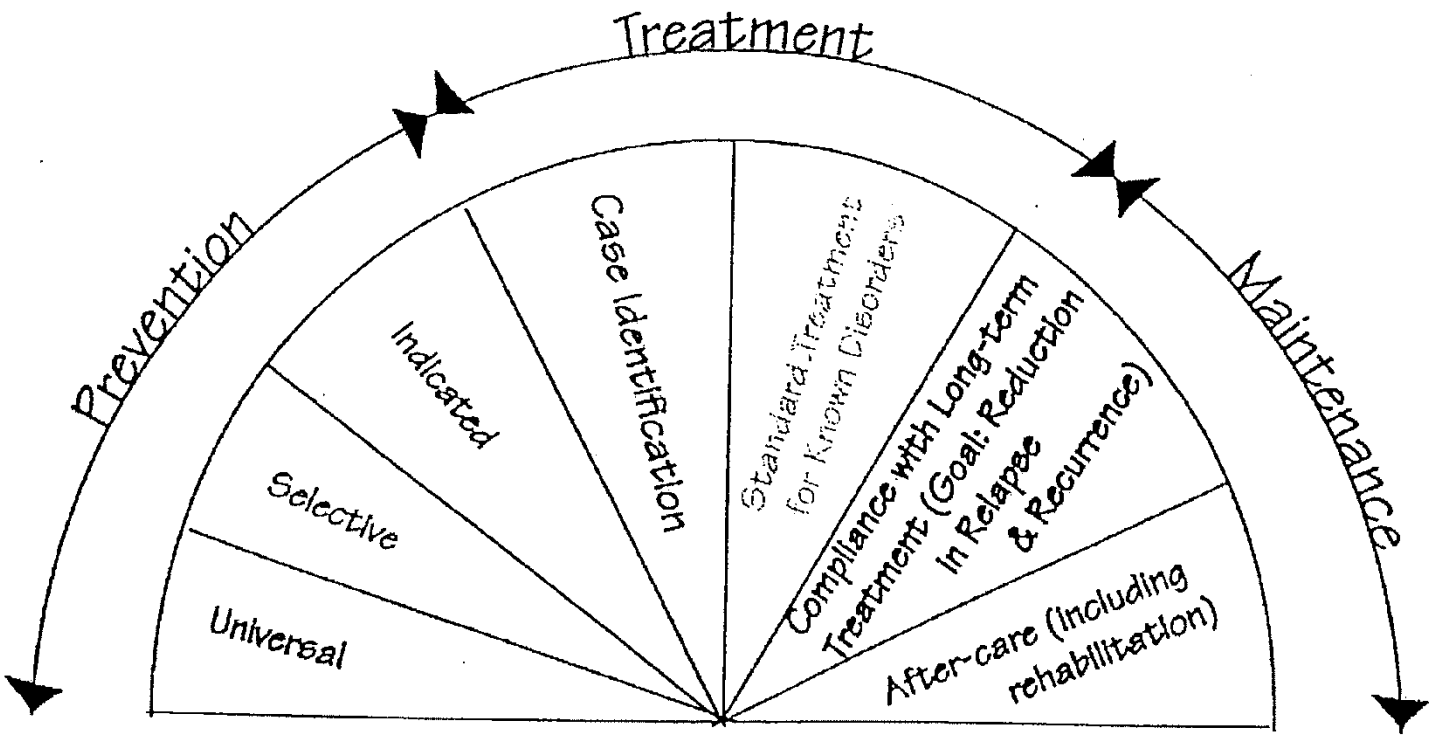
DoDD 6490.5
Combat Stress Control (CSC) Programs

- **Published in February 23, 1999**
  - **Certified Current as of November 24, 2003**
  - **In written in response to DoD IG Audit which found:**
    - **military training in combat stress control and management was not being adequately provided by all Services to all ranks and levels of responsibility**
    - **training was uneven in combat operational stress prevention, identification and treatment among the Services**
- **Currently under revision**

Force Health Protection

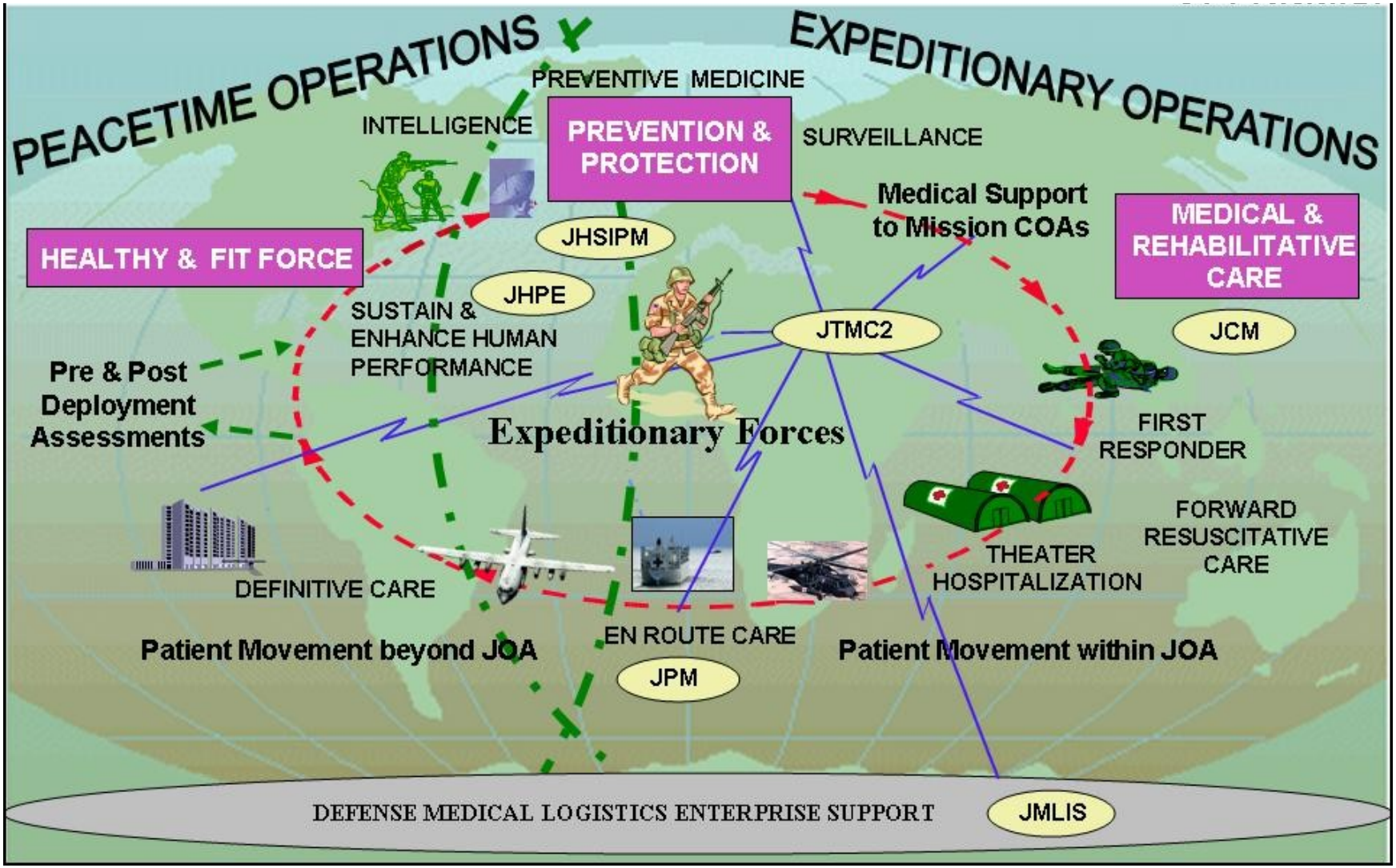
- **Protection:** Shield from danger, injury, destruction, or damage; to prevent harm
- **Who are we protecting:** Humans- the most valuable weapons system. “I am the weapon system; everything else is a tool”
- **Force Health Protection:** Strategy that protects the health of all Service members.
- **Why is this important:** So that all war fighters and support personnel are effective and can function. i.e. READY to conduct assigned missions and operations.

The Continuum of Care Protractor



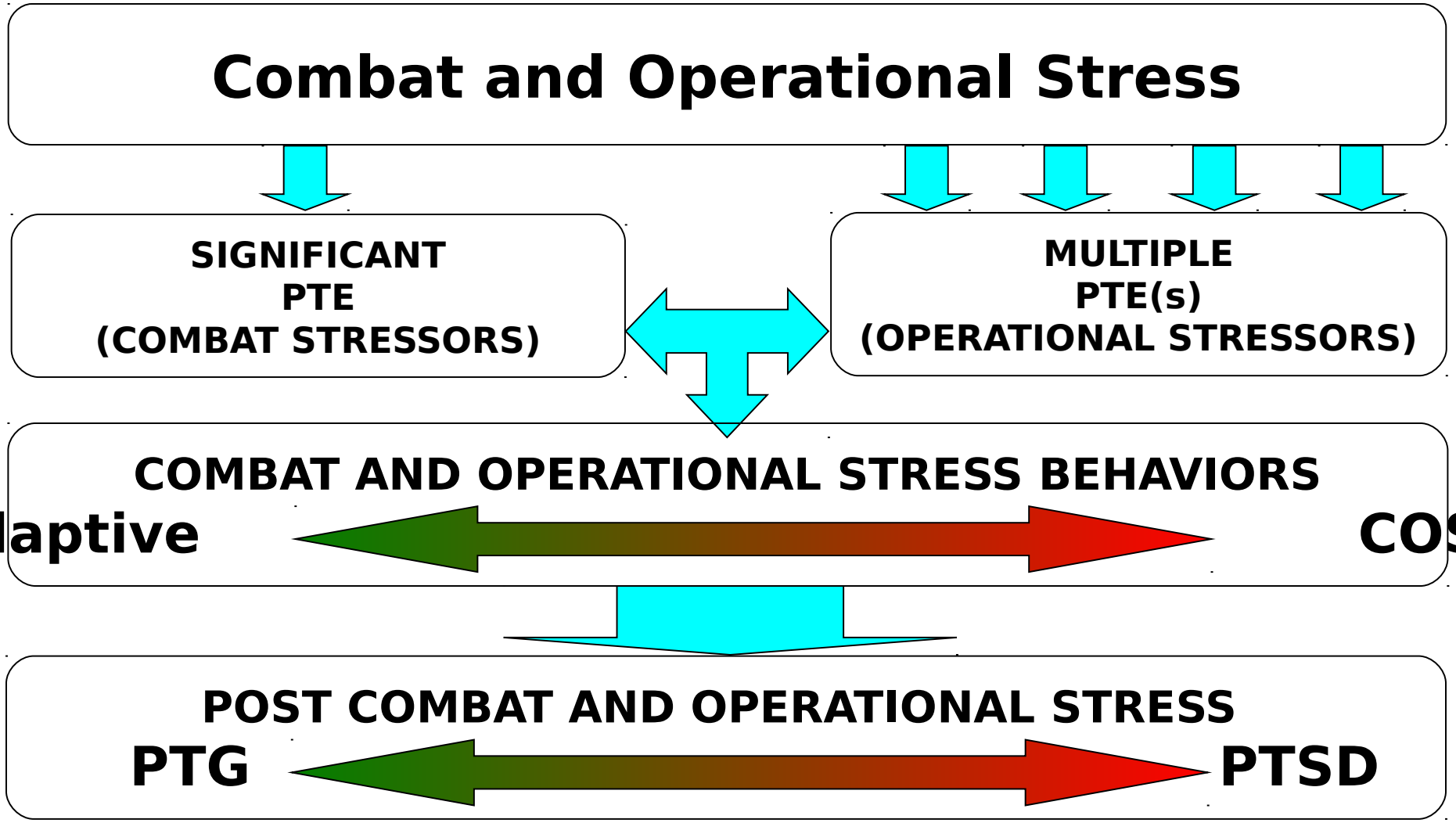
Different levels of prevention are distinguished by the level of risk of disorder/distress in various populations groups targeted.

Role of COSC in Joint Force Health Protection Operational



What do Services Agree On?

Army Frame Work



Do We Really Need a DoD COSC Policy? Sharp Increases in Med Evacs Due to Psychiatric conditions: Effects on Force Preservation

- **Diagnoses and factors associated with medical evacuation and return to duty for service members participating in OIF and OEF: a prospective cohort study. (Cohen et al Lancet 2010)**
  - **Jan 04- Dec 07: 34,006 Service Members evacuated from OIF and OEF**
  - **~10% of evacuation due to psychiatric diagnoses**
  - **Recent sharp increase only in evacuation rates of patients with psychiatric diagnoses**
  - **Decreased probability of return to duty:**
    - **psychiatric disorder**
    - **medical disorder with psychiatric comorbidity**

- **What is the true denominator - Rates of COSR in theater?**

Services Agree On: Specifics

Universal Prevention:

- Education
- Tough realistic training
- Stress reduction techniques

Selective

- Need for Traumatic Event Management following a potentially traumatic event
- Leader lead After Action Reviews

Indicated

- Early identification and simple intervention starts with peers- "warriors take care of each other", soldier peer mentors
- Orange zone/COSR should be managed in the unit
- Orange zone/ COSR should not be medicalized

Service Differences

- **Frame work: Stress injury model or positive psychology?**
- **What is the most effective approach?:**
  - **Embedded providers / roving COSC units**
  - **Selective: insider or outsider for AAR**
  - **Indicated: COSFA vs. BICEPS**
  - **Reintegration: Cyprus vs. Battlemind**
  - **In-theater assessment of unit and individual Service member**